

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37050**

FILED NOV 14 1957

BIRTH NO. _____		REG. DIST. NO. 3-07305		PRIMARY REG. DIST. NO. 6046		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY ST. CHARLES				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST. CHARLES			
b. CITY (If outside corporate limits, write RURAL and give township) NEW MELLE		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN NEW MELLE		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION RURAL Hwy "D" city limits				e. STREET ADDRESS (If rural, give location) RURAL Hwy "D" city limits			
3. NAME OF DECEASED (Type or Print) a. (First) AMELIA		b. (Middle) ROSALIE		c. (Last) KIERSPE		4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1957	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH OCT. 21, 1879	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) LABADIE MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WM. KIERSPE		13b. MOTHER'S MAIDEN NAME LOUISE PAFERATH		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS OSCAR LOUIS KIERSPE, New MELLE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE			
				INTERVAL BETWEEN ONSET AND DEATH 3 YRS			
				DUPLICATE CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION DUE TO (c) ARTERIO SCLEROSIS 5 YRS			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-1 , 19 50 , to 11-2 , 19 57 , that I last saw the deceased alive on 10-2 , 19 57 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. E. Bergesen DO.				23b. ADDRESS Wentzville		23c. DATE SIGNED 11-2-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 4, 1957		24c. NAME OF CEMETERY OR CREMATORY BETHEL CEM		24d. LOCATION (City, town, or county) (State) LABADIE MO	
DATE REC'D BY LOCAL REG. Nov. 8, 1957		REGISTRAR'S SIGNATURE Martha F. Goff		25. FUNERAL DIRECTOR'S SIGNATURE Derry W. Otto		ADDRESS Washington	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Henry W Otto*.....
Licensed Embalmer No. *350*.....
P. O. Address *Washington*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.